

<i>SERFF Tracking Number:</i>	<i>FEMC-125843358</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Federated Mutual Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>WC-AR-08-9</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>Adoption of Item RM-W-8029/WC-AR-08-9</i>		

## Filing at a Glance

Companies: Federated Mutual Insurance Company, Federated Service Insurance Company

Product Name: Workers Compensation	SERFF Tr Num: FEMC-125843358	State: Arkansas
TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 16.0004 Standard WC	Co Tr Num: WC-AR-08-9	State Status: Fees verified and received
Filing Type: Rule	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler
	Author: Carolyn Stursa	Disposition Date: 10/03/2008
	Date Submitted: 10/02/2008	Disposition Status: Approved
Effective Date Requested (New): 10/01/2008		Effective Date (New): 10/03/2008
Effective Date Requested (Renewal): 10/01/2008		Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: Adoption of Item RM-W-8029	Status of Filing in Domicile:
Project Number: WC-AR-08-9	Domicile Status Comments:
Reference Organization: NCCI	Reference Number: Item RM-W-8029
Reference Title:	Advisory Org. Circular: Plan-AR-2008-03

Filing Status Changed: 10/03/2008  
 State Status Changed: 10/03/2008  
 Corresponding Filing Tracking Number:  
 Filing Description:

Deemer Date:

We ask for your approval to adopt Plan-Arkansas-Approval of Item RM-W-8029-Rule 4-D Voluntary Coverage Assistance Program (VCAP) and Related Amendments to Rule 4-A-WCIP for an effective date of 10-1-2008.

## Company and Contact

### Filing Contact Information

Carolyn Stursa, Property & Casualty Product    cmstursa@fedins.com

SERFF Tracking Number: FEMC-125843358 State: Arkansas  
First Filing Company: Federated Mutual Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: WC-AR-08-9  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: Workers Compensation  
Project Name/Number: Adoption of Item RM-W-8029/WC-AR-08-9

Specialist

121 E Park Square (800) 533-0472 [Phone]  
Owatonna, MN 55060 (507) 444-6691[FAX]

**Filing Company Information**

Federated Mutual Insurance Company CoCode: 13935 State of Domicile: Minnesota  
121 East Park Square Group Code: 7 Company Type:  
PO Box 328  
Owatonna, MN 55060 Group Name: State ID Number:  
(800) 533-0472 ext. [Phone] FEIN Number: 41-0417460  
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Federated Service Insurance Company CoCode: 28304 State of Domicile: Minnesota  
121 East Park Square Group Code: 7 Company Type:  
PO Box 328  
Owatonna, MN 55060 Group Name: State ID Number:  
(800) 533-0472 ext. [Phone] FEIN Number: 41-0984698  
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<i>SERFF Tracking Number:</i>	<i>FEMC-125843358</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Federated Mutual Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>WC-AR-08-9</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>Adoption of Item RM-W-8029/WC-AR-08-9</i>		

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$25.00
Retaliatory?	No
Fee Explanation:	\$25.00 per company=\$50.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Federated Mutual Insurance Company	\$50.00	10/02/2008	22888296
Federated Service Insurance Company	\$0.00	10/02/2008	

<i>SERFF Tracking Number:</i>	<i>FEMC-125843358</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Federated Mutual Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>WC-AR-08-9</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>Adoption of Item RM-W-8029/WC-AR-08-9</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Carol Stiffler	10/03/2008	10/03/2008

SERFF Tracking Number:	FEMC-125843358	State:	Arkansas
First Filing Company:	Federated Mutual Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	WC-AR-08-9		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation		
Project Name/Number:	Adoption of Item RM-W-8029/WC-AR-08-9		

## Disposition

Disposition Date: 10/03/2008  
Effective Date (New): 10/03/2008  
Effective Date (Renewal):  
Status: Approved  
Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number:	FEMC-125843358	State:	Arkansas
First Filing Company:	Federated Mutual Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	WC-AR-08-9		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation		
Project Name/Number:	Adoption of Item RM-W-8029/WC-AR-08-9		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes

<i>SERFF Tracking Number:</i>	<i>FEMC-125843358</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Federated Mutual Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>WC-AR-08-9</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>Adoption of Item RM-W-8029/WC-AR-08-9</i>		

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number:	FEMC-125843358	State:	Arkansas
First Filing Company:	Federated Mutual Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	WC-AR-08-9		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation		
Project Name/Number:	Adoption of Item RM-W-8029/WC-AR-08-9		

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document-Property & Casualty	<b>Review Status:</b>	Approved	10/03/2008
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**Comments:**

**Attachment:**

2007 P&C Transmittal Document PC TD-1.pdf

<b>Bypassed -Name:</b>	NAIC Loss Cost Filing Document for Workers' Compensation	<b>Review Status:</b>	Approved	10/03/2008
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**Bypass Reason:** N/A

**Comments:**

<b>Bypassed -Name:</b>	NAIC loss cost data entry document	<b>Review Status:</b>	Approved	10/03/2008
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**Bypass Reason:** N/A

**Comments:**

<b>Satisfied -Name:</b>	Cover Letter	<b>Review Status:</b>	Approved	10/03/2008
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**Comments:**

**Attachment:**

AR Cover Leter.pdf




## Property &amp; Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

<b>3. Group Name</b>	Federated Insurance Companies				<b>Group NAIC #</b>	007
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>		
Federated Mutual Insurance Company	MN	13935	41-0417460			
Federated Service Insurance Company	MN	28304	41-0984698			

<b>5. Company Tracking Number</b>	<b>WC-AR-08-9</b>
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## Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

<b>6.</b>	<b>Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
	Carolyn Stursa PO Box 328 Owatonna MN 55060	P & C Product Specialist	800-533-0472 Ext.: 5290	507-444-6691	cmstursa@fedins.com
<b>7.</b>	Signature of authorized filer				
<b>8.</b>	Please print name of authorized filer		Carolyn Stursa		

## Filing information (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	16.0 Workers Compensation
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	16.0004 Standard Workers Compensation
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	
<b>12. Company Program Title (Marketing title)</b>	
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input checked="" type="checkbox"/> Other ()
<b>14. Effective Date(s) Requested</b>	New: 10-1-2008   Renewal: 10-1-2008
<b>15. Reference Filing?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>16. Reference Organization (if applicable)</b>	NCCI
<b>17. Reference Organization # &amp; Title</b>	Plan-AR-Approval of Item RM-W-8029 Rule 4-D-Voluntary Coverage Assistance Program (VCAP Service & Related Amendments to Rule 4-A-WCIP)
<b>18. Company's Date of Filing</b>	October 2, 2008
<b>19. Status of filing in domicile</b>	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

**Property & Casualty Transmittal Document—**

20.	This filing transmittal is part of Company Tracking #	WC-AR-08-9

21.	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Adoption of Plan-AR-Approval of Item RM-W-8029 Rule 4-D-Voluntary Coverage Assistance Program (VCAP Service & Related Amendments to Rule 4-A-WCIP to be effective October 1, 2008.

[illegible]

\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

October 2, 2008

**Arkansas Insurance Department**

**FEDERATED MUTUAL INSURANCE COMPANY  
FEDERATED SERVICE INSURANCE COMPANY  
Workers Compensation & Employers Liability**  
• **Adoption of approved Plan-AR-2008-03**

Federated Filing Number: WC-AR-08-9

We ask for your approval to adopt the NCCI Circular list below:

<b>Item Number</b>	<b>Circular Number</b>	<b>Effective Date</b>	<b>Description of Item</b>
RM-W-8029	Plan-AR-2008-03	10-1-2008	Plan-Arkansas-Approval of Item RM-W-8029-Rule 4-D Voluntary Coverage Assistance Program (VCAP) and Related Amendments to Rule 4-A-WCIP

We trust that our filing meets your requirements and we appreciate your consideration of our filing.

Thank you,



Carolyn Stursa  
P & C Product Specialist  
Federated Mutual Insurance Company  
Federated Service Insurance Company  
[cmstursa@fedins.com](mailto:cmstursa@fedins.com)  
1-800-533-0472 Ext: 5290